

HPTN096 Enrollment

- Enter the PTID for the participant completing this survey.

- Did the participant provide consent to participate?

Yes

No

If the participant consented to participate, please return to the previous page and update the response. If the participant did not consent to participate, please select "next" to complete the form.

- Date of consent



[MM/DD/YYYY]

● **Did the participant consent to long term specimen storage?**

<input type="radio"/> Yes
<input type="radio"/> No

Indicate if the participant meets all of the following eligibility criteria.

	Yes	No
Self-identifies as a Black man (inclusive of cisgender and transgender men)	<input type="radio"/>	<input type="radio"/>
Self-reports a lifetime history of sex with other men	<input type="radio"/>	<input type="radio"/>
Self-reports to be 15 years old or older	<input type="radio"/>	<input type="radio"/>
Self-reports current residence in one of the counties included in the study community	<input type="radio"/>	<input type="radio"/>
Willing and able to provide informed consent	<input type="radio"/>	<input type="radio"/>
Willing to provide blood samples and complete two questionnaires	<input type="radio"/>	<input type="radio"/>

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Based on the responses above, the participant is not eligible to participate in the cross-sectional assessment. Please return to the previous page if any responses were entered in error. If all response are correct, please select "next" to complete the form.

● Date of enrollment



[MM/DD/YYYY]

● How was the participant recruited?

At an event/venue, specify

Respondent-driven (RDS)

● Did the participant provide a referral coupon?

Yes, enter coupon number

No

● Did the participant take coupons?

Yes

No

● Enter coupon numbers

Coupon #1

Coupon #2

Coupon #3

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HPTN-096 Test Results

- Please enter the participant's PTID with no hyphens or spaces (for example: XXXXXXXXX):

- Was HIV 1/2 AG/AB, 4W/RFL testing performed?
(Report name = HIV Ag/Ab, 4th Gen)

 Yes No

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- HIV 1/2 AG/AB, 4W/RFL testing result

 NON-REACTIVE REPEATEDLY REACTIVE

● Was HIV 1/2 AB DIFF (Geenius) testing performed? (Report name = HIV 1/2 AB DIFF, HIV 1 ANTIBODY, HIV 2 ANTIBODY)

Yes

No

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● HIV 1 Antibody Result

Negative

Positive

Indeterminate

● HIV 2 Antibody Result

Negative

Positive

Indeterminate

● Was HIV RNA, Qual, Real-time PCR testing performed?
(Report name = HIV 1 RNA, QL PCR)

Yes

No

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● HIV RNA, Qual, Real-time PCR result

NOT DETECTED

DETECTED

● Was HIV-1 RNA, QN, RT PCR (viral load) testing performed?
(Report name = HIV-1 RNA, QN PCR)

Yes

No

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● HIV-1 RNA,QN,RT PCR (viral load) result

<20 NOT DETECTED copies/mL

<20 DETECTED copies/mL

>10000000 (H) copies/mL

Other result (copies/mL) reported, enter value

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HPTN-096 Specimen Collection

● Please enter the participant's PTID with no hyphens or spaces (for example: XXXXXXXXX):

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● Was a plasma for storage specimen collected?

Yes

No

● Plasma for storage specimen collection date



[MM/DD/YYYY]

● Plasma for storage specimen collection time

[hh:mm]

● Was a plasma for storage specimen stored?

Yes

No

● Was a plasma for HIV testing specimen collected?

Yes

No

● Plasma for HIV testing specimen collection date



[MM/DD/YYYY]

● Plasma for HIV testing specimen collection time



[hh:mm]

● Was a plasma for HIV testing sent to Quest Diagnostics?

Yes

No

● Was a DBS specimen collected?

Yes

No

● DBS specimen collection date



[MM/DD/YYYY]

● Plasma for storage specimen collection time



[hh:mm]

● Was a DBS specimen stored?

Yes

No

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